

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90738 005 \*\*\*\*61.25

**DOCUMENT # F99000000325**

1. Entity Name

**NATIONAL ORGANIZATION OF CIRCUMCISION INFORMATION RESOURCE CENTERS, INC.**



Principal Place of Business

P O BOX 11808  
PENSACOLA FL 32524-1808

Mailing Address

P O BOX 11808  
PENSACOLA FL 32524-1808

2. Principal Place of Business

**20 CANDELEA AVE**

3. Mailing Address

**P.O. BOX 2512**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**FOREST KNOLLS CA**

City & State

**SAN ANSELMO CA**

4. FEI Number **59-3558935**

Applied For

Not Applicable

Zip

**94933-0493**

Country

**USA**

Zip

**94979-2512**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROSE, BRUCE E  
712 UNDERWOOD AVE #901K  
PENSACOLA FL 32504**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*B. Edward Rose*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*3/7/03*

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
NAME **MILOS, MARILYN F RN**  
STREET ADDRESS **20 CANDELEA AVENUE**  
CITY-ST-ZIP **FOREST KNOLLS CA**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **TEPLIN, KRIS RN**  
STREET ADDRESS **20 CANDELEA AVENUE**  
CITY-ST-ZIP **FOREST KNOLLS CA**

TITLE ☒ Change ☐ Addition  
NAME **No LONGER ON THE**  
STREET ADDRESS **BOARD OF DIRECTORS**  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **CURRAN, SHEILA RN**  
STREET ADDRESS **20 CANDELEA AVENUE**  
CITY-ST-ZIP **FOREST KNOLLS CA**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **SNYDER, JAMES**  
STREET ADDRESS **P.O. BOX 531**  
CITY-ST-ZIP **CLIFTON FORGE VA 24422**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Marilyn Faye Milos RN* **MARILYN FAYE MILOS RN** *3/11/03* **415-488-9883**

CR2E037 (10/02)